

New Jersey Department of Health and Senior Services
Office of Emergency Medical Services
PO Box 360
Trenton, NJ 08625-0360
609-633-7777 609-633-7839 (Fax)

APPLICATION FOR CHANGE IN VEHICLE STATUS

Complete a separate application form for each vehicle.

Trade Name of Service (exactly as it appears on the vehicle)	
Physical Address of Main Office	
Corporation Name	Vehicle VIN Number
Street Address	Vehicle Number
City, State, Zip Code	
Name and Address of VEHICLE OWNER, if Different	
Name/Corporation Name	
Street Address	
City, State, Zip Code	
Type of Change	
<input type="checkbox"/> License Plate Change Old License Plate Tag: _____ New License Plate Tag: _____	
<input type="checkbox"/> Change in Trade Name Old Trade Name: _____ New Trade Name: _____	
<input type="checkbox"/> Change in Vehicle Recognition Number Old Vehicle Recognition Number: _____ New Vehicle Recognition Number: _____	
Total Number of New License Plates, New Vehicle Recognition Numbers, or Name Change Applications: _____ X \$20.00 = \$ _____	

A NON-REFUNDABLE, CERTIFIED CHECK OR MONEY ORDER must accompany each set of applications.
Make the check or money order payable to: **"Treasurer State of New Jersey."**
NO PERSONAL CHECKS ACCEPTED!
(Government Agencies do not pay licensing fees.)

Print Name of Applicant	Title of Applicant
Signature of Applicant	Date

FOR STATE USE ONLY			
Date Received	Amount of Check	Check Number	Transmittal Number